(312) 258-5779



SCHIFF HARDIN LLP

The

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

In re application of:

Torsten Niederdränk

Serial No.:

10/608,589

GROUP ART UNIT: 2643

Filed:

June 27, 2003

EXAMINER: Brian Ensey

For:

"MODULAR HEARING AID DEVICE"

CONFIRMATION NO.: 8450

RESPONSE B AND REQUEST FOR RECONSIDERATION

Commissioner for Patents

PO Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | | | |
|-------------------|--|-------|--|-------------------------|---|--------------------------|--|--|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAI FEE | | |
| TOTAL CLAIMS | *11 | MINUS | **20 | x | () X 25.00 () X 50.00 | | | |
| INDEP. CLAIMS | +3 | MINUS | 3 | х | () X 100.00 () X 200.00 | | | |
| | mended to contain dependent claims y paid for. | | | (') YES () NO | ()\$180.00 ()\$360.00 ONE TIME | | | |
| 77 (*) | **** | | TOTAL ADDITIONAL | | | \$0.0 | | |

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space. Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated for ____ months so that the period for response is extended to _____. A check in the amount of \$____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed. A check in the amount of \$ ____ is attached. accompanying IDS under 37 CFR 1.97(c) is attached A check for \$ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached. A check for \$ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed. When phoning re this application, please call (312) 258-5779.

| S | CHIFF | HARDIN LLP (Customer Number: 26574) | |
|---|----------|-------------------------------------|------------------------------|
| | | Patent Department | |
| | BY_ | Mark Bergner | (45,877) |
| I hereby certify that this correspondentirst Class Mail in an envelope addressed to: Malexandria, Virginia 22313-1450 on August 23, | Iail Sto | | al Service as O Box 1450, |
| | | Mark Bergner | |
| _ | | NAME OF APPLICANT'S ATTORNEY | |

SIGNATURE
August 23, 2005
DATE



Appl. No. 10/608,589

Reply to Office Action of May 26, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RESPONSE B AND REQUEST FOR RECONSIDERATION

APPLICANT:

Torsten Niederdränk

DOCKET NO:

P03,0228

SERIAL NO.:

10/608,589

ART UNIT:

2643

FILED:

June 27, 2003

EXAMINER:

Ensey, Brian

CONF. NO.:

8450

TITLE:

MODULAR HEARING AID DEVICE

Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

10 Dear Sir:

In response to the Office Action dated May 26, 2005 ("OA"), Applicant Responds as follows and respectfully requests reconsideration of the present application..

Remarks/Arguments begin on page 2 of this paper.

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